

Adult/Geriatric Critical Thinking Worksheet

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Unit:

Pt. Initials:

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1. Disease Process & Brief Pathophysiology

There's major depletion of volume in the intravascular system (relative or absolute cause) -> this decreases the amount of venous return to the heart (this is the amount of blood draining back to the heart) -> this DECREASES preload (the amount the ventricles stretch once their filled with blood)...they won't be stretching very much because there isn't much fluid to fill them -> this decreases stroke volume (the amount of blood pumped by the left ventricle with each beat -> this DECREASES CARDIAC OUTPUT. Since the amount of blood that reaches them is low, the cells won't receive enough oxygen to function and hypoxic injury to the cell can occur. The body will attempt to compensate by activating the sympathetic nervous system, which will trigger the body's built-in survival system. Now, based on the percentage of fluid volume that is lost will determine the signs and symptoms the patient may present with and what stage the patient is likely in.

4. Diagnostic Tests pertinent or confirming of diagnosis

- blood testing (check severity of hypovolemic loss) (P)
- trauma ultrasound (FAST)
- CT scan (P)
- echocardiogram

2. Factors for the Development of the Disease/Acute Illness

NONMODIFIABLE:

- diarrhea (P)
- internal bleeding (P)
- damage to organ in stomach (P)
- endometriosis (P)
- kidney disease

MODIFIABLE:

- excessive sweating
- burns
- dehydration (P)
- diuretics
- T2DM (P)

5. Lab Values that may be affected

- LAB FINDINGS: ^ K, serum lactate, and BUN levels
- URINE CHARACTERISTICS: urine specific gravity and osmolality are increased
- BLOOD CONSIDERATIONS: decreased blood pH, partial pressure of oxygen, increased partial pressure of carbon dioxide

3. Signs and Symptoms

- abdominal pain (P)
- blood in stool or urine
- vomiting blood
- chest pain (P)
- abdominal swelling (P)
- cool, clammy, pale skin (P)
- dizziness (P)
- changes in LOC (P)
- tachycardia
- hypotension (P)
- weak pulses (P)
- anxiety (P)
- decreased urine output (P)

6. Current Treatment

- VOLUME EXPANSION: normal saline or lactated ringers
- TREAT UNDERLYING CAUSE: if pt is hemorrhaging, efforts are made to stop bleeding (P)
- REPOSITION OF FLUID: positioning the patient properly assists fluid redistribution, wherein a modified Trendelenburg position is recommended in hypovolemic shock. (P)
- DDVAP for DI
- Vasoactive drugs prevent cardiac failure (P)
- insulin if dehydration is secondary to hyperglycemia (P)
- blood and blood products: packed RBCs, platelets, or FFP (P)

7. Focused Nursing Diagnosis:

Ineffective tissue perfusion

8. Related to (r/t):

severe blood loss or decreased amount of blood being produced

9. As evidenced by (aeb):

altered mental status, cool, clammy, pale skin, delayed capillary refill

10. Desired patient outcome:

Patient will maintain maximum tissue perfusion to vital organs, as evidenced by warm and dry skin, present and strong peripheral pulses, vitals within patient's normal range, balanced I&O, absence edema, normal ABGs, alert LOC, and absence of chest pain prior to 24 hours of discharge by increasing fluid intake, using oxygen and other medications as prescribed.

11. Nursing Interventions related to the Nursing Diagnosis in #7:

1. **Administer IV fluids as ordered.** E/B Sufficient fluid intake maintains adequate filling pressures and optimizes cardiac output needed for tissue perfusion.
2. **Provide oxygen therapy if indicated.** E/B Oxygen is administered to increase the amount of oxygen carried by available hemoglobin in the blood.
3. **Assist with position changes.** E/B Gently repositioning patient from a supine to sitting/standing position can reduce the risk for orthostatic BP changes. Older patients are more susceptible to such drops of pressure with position changes.

12. Patient Teaching:

1. Keep pt warm, but not to point of sweating. If not warmed, it can lead to hypothermia.
2. Teach importance of staying hydrated (avoid things that dehydrated you like caffeine and tea)
3. Nutrition: maintain energy with protein and vitamins

13. Discharge Planning/Community Resources:

1. Case management: if pt needed or qualifies for his physical and financial needs
2. PT/OT regain some strength as he has been feeling unwell to get up and move around a lot
3. Dietician: maintaining a healthy diet to regain some energy and lessen the chances of getting another episode